STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155792	A. BUILDING 00 B. WING	10/17/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRYSIDE MEADOWS LLC	762 N DAN JONES RD AVON, IN46123

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F0000	This visit was for Investigation of Complaint IN00097024. Complaint IN00097024 - Substantiated. Federal/State deficiencies related to the allegations are cited at F431 and F9999. Survey dates: October 14, 15 and 17, 2011 Facility number: 012534 Provider number: 155792 AIM number: pending Survey team: Vanda Phelps, RN Census bed type: SNF 21 SNF/NF 40 Total 61 Census payor type: Medicare 25 Medicaid 23 Other 13 Total 61 Sample: 7 These deficiencies also reflect state findings cited in accordance with 410 IAC	F0000	Preparation and/or execution of this plan of correction ingeneral, or this corrective action in particular, does not constitute anadmission or agreement by this facility of the facts alleged or conclusions setforth in this statement of deficiencies. The plan of correction and specific corrective actions are preparedand/or executed in compliance with state and federal laws.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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F0431 SS=E	16.2. Quality review 10/18/11 by Suzanne Williams, RN The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. Based on observation, record review and interview, the facility failed to maintain safe and secure storage of 12 discontinued, controlled Class II--IV medications in that they were observed in	F0431	**F 431 Drug Records, Label/Store Drugs &Biologicals** **It is the intent ofthis facility to maintain safe and secure storage of discontinued, controlledClass II – IV**	11/01/2011

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	an unlocked drawer within an unlocked, unattended office which had an open door. This impacted 4 of 4 discharged residents and 1 of 3 current residents reviewed for drug disposal and involved twelve discontinued medications. (Residents G, J, K, L, M) Findings include: During observation on 10/14/11 at 2:15 p.m., with the Administrator and the Assistant Director of Nursing present, a bag filled with medication cards and forms was inside an unlocked drawer in the office. The door to this office was open and the room had been unoccupied. Within the bag, there were twelve cards of medications as follows: 1. There were four cards for Resident G: A. 25 tablets of Hydrocodone/APAP, 5-325 mg. (milligrams), pain medication, Schedule III controlled substance B. 58 tablets of Lorazepam 0.5 mg., for anxiety, Schedule IV controlled substance C. 29.75 cc (cubic centimeters) of Lorazepam Intensol 2 mg/ml (milliliter), Schedule IV controlled substance D. 29.5 cc of Roxanol 20 mg/ml, a form		**medications according to the facility policy. (In accordance withState and Federal Laws) I. Actions Taken:** Nurses will be educated by 11/1/11 on the facility medicationstorage & destruction policy/procedure by DNS & ADON. Discovered Medications were immediately destroyed by ADNS& UM/RN. **II. Residents Affected:** There were no residents affected. Nurses will be educated by 11/1/11 on the facilitymedication storage & destruction policy/procedure by DNS & ADON. Discovered Medications were immediately destroyed by ADNS& UM/RN. **III. Measures Taken:** Nurses will be educated/in-serviced by 11/1/11 on thefacility medication storage & destruction policy/procedure by DNS &ADON. Class II-IV medications for destruction will be housed in alocked safe in the Medication Room and destroyed per State and FederalRegulations. Said room is only accessible by licensed staff, and the safe isonly accessible by DNS, ADON, and UM/RN. All discharged residents will be reviewed in the clinicalmeeting (M-F). Weekly med cart auditswill be conducted by a licensed professional. DNS/designee will verify the proper storage & destruction ofmedications weekly. **IV. Monitoring:** All discharged residents will be reviewed in the clinicalmeeting	

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	of morphine--pain medication, Schedule II controlled substance Review of Resident G's closed clinical record was completed on 10/17/11. It indicated Resident G expired in the facility on 9/14/11. 2. There was one card for Resident J which contained 15 tablets of Hydrocodone/APAP 7.5/325 mg., a pain medication. Her closed clinical record was reviewed on 10/17/11 at 11:07 a.m. It indicated she was discharged home on 9/16/11. 3. There were three medicine cards for Resident K: A. 16 tablets of Zolpidem 10 mg. for insomnia, a Class IV controlled substance B. 8 tablets of Clonazepam 0.5 mg. for seizures and/or anxiety, a Class IV controlled substance C. 4 tablets of Oxycodone IR 5 mg. , an opioid pain medication, Schedule II controlled substance Review of Resident K's closed clinical record was completed on 10/17/11 at 11:16 a.m. It indicated she had gone home on 9/19/11. 4. There was one medication card for		(M-F). Weekly med cart auditswill be conducted by a licensed professional. DNS/designee will verify the proper storage & destruction ofmedications weekly. DNS and/or designee will audit compliance with the facility medicationstorage & destruction policy/procedure weekly for 4 weeks then quarterlyfor 2 quarters. DNS/Designee will complete a weekly audit to be presented tothe CQI Committee in the daily CQI Stand Up meeting related to medicationstorage & destruction. Administrator/Designee will review all audits in CQI StandUp meeting weekly and in monthly CQI meeting with the Medical Director. If threshold of 100% is not met an actionplan will be developed. **V. This plan of correction constitutes ourcredible allegation of compliance with all regulatory requirements. Our date of compliance is 11/1/11.**	

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	Resident L. It contained seven tablets of Oxycodone/APAP 5-325 mg. This is a Schedule IV controlled substance which treats pain. The resident had gone home on 9/16/11. 5. There were three cards for current Resident M. A. 51 tablets of Hydrocodone/APAP 5-325 mg. pain medication, Schedule III controlled substance B. another card with 29 tablets of Hydrocodone/APAP 5-325 mg. pain medication, Schedule III controlled substance C. 11 tablets of Hydrocodone/APAP 5-500 mg. pain medication, Schedule III controlled substance Interview with the Assistant Director of Nursing on 10/14/11 at 2:30 p.m. indicated she and the Director of Nursing preferred to do the destruction of controlled medications together. These medications were discontinued and awaiting destruction. This federal tag relates to complaint IN00097024. 3.1-25(n)			
F9999				

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	STATE FINDINGS Unused portions of medications not released with the resident or returned for credit shall be destroyed on the premises within seven (7) days by the consultant pharmacist or licensed nurse with a witness. This rule was not followed as evidenced by: Based on observation, record review and interview, the facility failed to assure all unused medications not released to the resident were destroyed in a timely manner. This impacted 4 of 4 discharged residents and 1 of 3 current residents reviewed for drug disposal and involved twelve discontinued medications. (Residents G, J, K, L, M) Findings include: During observation on 10/14/11 at 2:15 p.m., with the Administrator and the Assistant Director of Nursing present, a bag filled with medication cards and forms was inside an unlocked drawer in an office. Within the bag, there were twelve cards of medications as follows: 1. There were four cards for Resident	F9999	F9999 Unused **portions of medications not released withthe resident or returned for credit shall be destroyed on the premises withinseven (7) days by the consultant pharmacist or licensed nurse with a witness.** **It is the intent ofthis facility to destroyed unused portions of medications not released with theresident or returned for credit timely according to the facility policy. (Andstate Regulations)** **I. Actions Taken:** Nurses will be educated by 11/1/11 on the facilities timely medicationdestruction policy/procedure by the DNS & ADON. Discovered Medications were immediately destroyed by theADON & UM/RN. **II. Residents Affected:** There were no residents affected. Nurses will be educated by 11/1/11 on the facilities timelymedication destruction policy/procedure by the DNS & ADON. Discovered Medications were	11/01/2011

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	G: A. 25 tablets of Hydrocodone/APAP, 5-325 mg. (milligrams), pain medication, Schedule III controlled substance B. 58 tablets of Lorazepam 0.5 mg., for anxiety, Schedule IV controlled substance C. 29.75 cc (cubic centimeters) of Lorazepam Intensol 2 mg/ml (milliliter), Schedule IV controlled substance D. 29.5 cc of Roxanol 20 mg/ml, a form of morphine--pain medication, Schedule II controlled substance Review of Resident G's closed clinical record was completed on 10/17/11. It indicated Resident G expired in the facility on 9/14/11. 2. There was one card for Resident J which contained 15 tablets of Hydrocodone/APAP 7.5/325 mg., a pain medication. Her closed clinical record was reviewed on 10/17/11 at 11:07 a.m. It indicated she was discharged home on 9/16/11. 3. There were three medicine cards for Resident K: A. 16 tablets of Zolpidem 10 mg. for insomnia, a Class IV controlled substance B. 8 tablets of Clonazepam 0.5 mg. for seizures and/or anxiety, a Class IV controlled substance		immediately destroyed by theADON & UM/RN. **III. Measures Taken:** Nurses will be educated/in-serviced by 11/1/11 during/followingthe survey on the facility timely medication destruction policy/procedure bythe DNS & ADON. Class II-IV medications for destruction will be housed in alocked safe in the Medication Room and destroyed per State and FederalRegulations. Said room is only accessible by licensed staff, and the safe isonly accessible by DNS, ADON, and UM/RN. All discharged residents will be reviewed in the clinicalmeeting (M-F). Weekly med cart auditswill be conducted by a licensed professional. DNS/designee will verify the proper storage & destruction ofmedications weekly. **IV. Monitoring:** All discharged residents will be reviewed in the clinicalmeeting (M-F). Weekly med cart auditswill be conducted by a licensed professional. DNS/designee will verify the proper storage & destruction ofmedications weekly. DNS and/or designee will audit	

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	C. 4 tablets of Oxycodone IR 5 mg. , an opioid pain medication, Schedule II controlled substance Review of Resident K's closed clinical record was completed on 10/17/11 at 11:16 a.m. It indicated she had gone home on 9/19/11. 4. There was one medication card for Resident L. It contained seven tablets of Oxycodone/APAP 5-325 mg. This is a Schedule IV controlled substance which treats pain. The clinical record of Resident L was completed on 10/17/11 at 11:25 a.m. It indicated the resident had gone home on 9/16/11. 5. There were three cards for current Resident M. A. 51 tablets of Hydrocodone/APAP 5-325 mg. pain medication, Schedule III controlled substance B. another card with 29 tablets of Hydrocodone/APAP 5-325 mg. pain medication, Schedule III controlled substance C. 11 tablets of Hydrocodone/APAP 5-500 mg. pain medication, Schedule III controlled substance Resident M's clinical record was reviewed on 10/17/11 at 11:35 a.m. It indicated the Hydrocodone/APAP 5-325 mg.		compliance with the facilitiestimely medication destruction policy/procedure weekly for 4 weeks thenquarterly for 2 quarter. DNS/Designee will complete a weekly audit to be presented tothe CQI Committee in the daily CQI Stand Up meeting related to timely medicationdestruction. Administrator/Designee will review all audits in CQI StandUp meeting weekly and in monthly CQI meeting with the Medical Director. If threshold of 100% is not met an actionplan will be developed. **V. This plan of correction constitutes ourcredible allegation of compliance with all regulatory requirements. Our date of compliance is 11/1/11.**	

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	order was discontinued on 9/1/11. A discontinue order for the Hydrocodone 5-500 mg. dose was not located, making it questionable why this card was in the bag to be destroyed. The last dose given from this card was 9/13/11. Interview with the Assistant Director of Nursing on 10/14/11 at 2:30 p.m. indicated she and the Director of Nursing preferred to do the destruction of controlled medications together. She indicated these medications were discontinued and awaiting destruction. This state finding relates to complaint IN00097024. 3.1-25(q)			